

CORRECTIONS

Vahanian A, Himbert D. Transcatheter Aortic Valve Implantation: Could It Be Done Without Prior Balloon Valvuloplasty? J Am Coll Cardiol Intv 2011;4:758–9.

The term aortic valve block was incorrectly defined in the following sentences:

BAV may induce, per se, aortic valve block.

It is difficult, from the data in the literature, to know exactly how BAV-induced aortic valve blocks play a role in the overall pacemaker implantation; however, the U.K. registry shows that balloon pre-dilation is independently associated with the need for pacemaking after TAVI (7).

It should have been defined as:

BAV may induce, per se, AV block.

It is difficult, from the data in the literature, to know exactly how BAV-induced AV blocks play a role in the overall pacemaker implantation; however, the U.K. registry shows that balloon pre-dilation is independently associated with the need for pacemaking after TAVI (7).

We apologize for the error.

doi:10.1016/j.jcin.2011.09.008

Claessen BE, Mehran R, Mintz GS, Weisz G, Leon MB, Dogan O, de Ribamar Costa, JR J, Stone GW, Apostolidou I, Morales A, Chantziara V, Syros G, Sanidas E, Xu K, Tijssen JGP, Henriques JPS, Piek JJ, Moses JW, Maehara A, Dangas GD. Impact of Intravascular Ultrasound Imaging on Early and Late Clinical Outcomes Following Percutaneous Coronary Intervention With Drug-Eluting Stents. J Am Coll Cardiol Intv 2011;4:974–81.

In the Results, Clinical Outcome section on page 977, the following:

In the propensity-matched cohort, at 30 days, patients in the IVUS group had significantly lower rates of death/MI, MACE, mortality, and MI than did the patients in the no-IVUS group. At 1-year follow-up, the significant reduction in mortality with IVUS was no longer present; however, rates of death/MI, MACE, and MI were still significantly lower in the IVUS group. At 2-year follow-up, there was a significant reduction in death/MI and MI and numerically lower MACE in the IVUS group ($p = 0.06$).

should have been:

In the propensity-matched cohort at 30 days, patients in the IVUS group had significantly lower rates of death/MI, MACE, and MI compared to patients in the no-IVUS group. At 1-year follow-up, rates of death/MI and MI were still significantly lower in the IVUS group. At 2-year follow-up, there was a significant reduction in death/MI and MI and numerically lower MACE in the IVUS group ($p = 0.18$).

The authors apologize for this error.

doi:10.1016/j.jcin.2011.09.011